	PATENT	APPLICATI	ON FEE	ORI	b			Pockel M	umoer			
, Effective October 1, 2003									10	78	914	12
CLAIMS AS FILED - PART (Column 2)									ENTITY		OTHE	R THAN
F	OTAL CLAIM	s	T	(CONUMATY)		(Column 2)		TYPE		OF	SMAL	L ENTITY
ŀ	OR			300 Supplement				RATE			RATE	FEE
⊩			MOMBE	NUMBER FILED		NUMBER EXTRA		BASIC F	EE 385.0	OF	BASIC FE	E 770.00
TOTAL CHARGEABLE CLAIMS			minus 20=					XS 9	:	OR	XS18=	1.
 - -	DEPENDENT ((2 minus 3 = 1				X43=		OR	X86=	
L	JUTIPLE DEPE	NDENT CLAIM I					+145=		7			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		JOR	<u> </u>	ļ
CLAIMS AS AMENDED - PART II								IUIA	•	JOR		177
22104 (Column 1) · (Column 2) (Column 3) SMA										OR		R THAN ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	
	lair		-				L	TOTAL		OR	TOTAL	
Ų	(Column 1) (Column 2) (Column 3)							DUII. PE		، · · · • و.	ADDIT. FEE	
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	.]
								TOTAL		OR .	YOYAL	
•		(Calumn 1)		(Column	(2)	(Column 3)	~	UII. FEE			DOIT. FEE	
AMENDMENT C		CLAIMS HIGHEST REMAINING NUMBER AFTER PREVIOUSLY AMENDMENT PAID FOR		R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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-1'	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								•	OR		
. 65	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	+290=	
	ne Trignest Num he 'Highest Num	ber Previously Pai ber Previously Pai	d For in THIS d For in THIS	SPACE is to SPACE is to	es then :	20, enter "20."		TOTAL DIT. PEE	لنــنــا		TOTAL POIT. FEEL	
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<u>PATENT</u> P-5169 D1C1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Clement Wan, Chye Meng et al.

Conf. No.:

9263

Serial No.: 10/789,142

Art Unit:

3732

Filing Date: February 27, 2004

Examiner:

Anuradha Ramana

For: Catheter Having A Low Drag Septum

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

application are set

Sir:

1 HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING TRANSMITTED VIA PACSIMILE TO THE COMMISSIONER FOR PATENTS, FACSIMILE NUMBER 703-872-9306 OR TO P.O. BOX 1450, ALEXANDRIA, VA 22313-1450 ON:

JUNE 9, 2005

(DATE OF DEPOSIT)

BY: Lorraine T. Kowalchuk (NAME OF DEPOSITES)

(NAME OF DEPOSITER)

6/4/05

RESPONSE TO MARCH 9, 2005 OFFICE ACTION

Dear Sir:

Applicant submits this response to an Office Action mailed on March 9, 2005 (the "Office Action") with a shortened statutory 3-month period for response. A response to the Office Action is due no later than June 9, 2005. Thus, this response is being timely filed via facsimile. Corrected drawings are submitted herewith.

Claims begin on page 2 of this paper.

Remarks begin on page 6 of this paper.

For the foregoing reasons, Applicants believe that claims 1, 10, 15 and all claims depending therefrom are in a form for allowance. Notice to that effect is respectfully requested.

Applicant hereby authorizes the Commissioner to charge the fees necessary in connection with this Amendment and any other fees necessary in connection with this application, to Deposit Account Number 02-1666.

If the prosecution of this application could be furthered by a telephone interview, the Examiner is invited to call Applicants attorney at (201) 847-6802.

Respectfully submitted,

Dated: June 9, 2005

Mony R. Chose Reg. No. 38,159

Attorney for Applicants

(201) 847-6802

Becton, Dickinson and Company 1 Becton Drive Franklin Lakes, NJ 07417-1880 Fax: 201-847-5377